U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only		
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1. File Number U - 136/3

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:

3. Name and address of person filling. Name James Buchanan Buchanan Buchanan Buchanan Buchanan Buchanan Buchanan Buchanan Pipe Fitters' Association, Local 597 Labor Organization File Number 016–412 P.O. Box, Bidg, Room No., if any Street 45 N Ogden Ave City Chicago State Illinois ZIP Code + 4 60607 A. Held an interest in, engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an amployer whose employees your organization represents or is actively seeking to represent. A. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bidg., Room No., if any Sizeet City State ZIP Code + 4 Signature 15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned sk nowledge and belief, frue, correct, and complete. (See the section on penalties in the instructions.)		1 / 1 / 2004 Through: 12 / 31 / 2004			
Labor Organization File Number 016-412 P.O. Box, Bildg., Room No., if any Street 45 N Ogden Ave City Chicago State Illinois ZiP Code + 4 50607 State Illinois ZiP Code + 4 60607 5. Position in labor organization. Business Manager Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions): A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent. 6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bidg., Room No., if any Street City State ZiP Code + 4 Signature 15. Signature and verification. The undersigned declares, under penalty of Perjuy and other applicable panalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)	3. Name and address of person filing.	4. Name, file number, and address of labor organization.			
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Signed (Amin) Julia amam. On 07/01/2005 312-829-4191	Signed Hames Buchanam.	On 07/01/2005 312-829-4191			
Date Telephone Number	The parties of the pa				

Name of Person Filing James Buchanan	File Number U-
B. Held an interest in or derived income or economic benefit with monetary val substantial part of which consists of buying from, selling or leasing to, or otherwork of an employer whose employees your labor organization represents or is active (2) any part of which consists of buying from or selling or leasing directly or ind dealing with your labor organization or with a trust in which your labor organization.	vise dealing with the business vely seeking to represent, or irectly to, or otherwise
8. Name and address of Business (including trade name, if any).	9. Business deals with:
Name National Investment Services Inc.	
Trade Name, if any:	a. Labor Organization
P.O. Box, Bldg., Room No., if any	× b. Trust
Street 737 N. Michigan Ave. Suite 1520	c. Employer
City Chicago	
State Illinois ZIP Code + 4 60611-6653	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name Pipe Fitters Retirement Fund, Local 597	The Retirement Trust uses this company for investment management services.
Trade Name, if any:	:
P.O. Box, Bldg., Room No., if any	:
Street 45 N Ogden Ave	11.b. Approximate dollar value of such dealing. \$260,397
City Chicago	12.a. Nature of interest held or income received.
State Illinois ZIP Code + 4 60607	Business meetings were conducted over miscellaneous meals, golf and sporting events.
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	12.b. Amount. \$360
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street	
Officer 1	
City	

13.b. Is the Business an Employer

or Consultant

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